

242-660

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

RECEIVED
OCT 14 1997
HOFFMAN WASSON AND GITLER
2361 JEFFERSON DAVIS HIGHWAY
SUITE 522
ARLINGTON VA 22202

CERTIFICATE OF MAILING

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

I hereby certify that this certificate of mailing is being deposited in the U.S. Mail at the post office addressed to:
Service with sufficient postage affixed, first class mail in an envelope addressed to:

CITY, STATE AND ZIP CODE

CO-INVENTOR'S NAME

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Check if additional changes are on reverse side

OR

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (Date)	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/502,773	07/14/95	033	REAMER, J.	1205 08/15/97

First Named
Applicant

HALOW, GEORGE M.

TITLE OF INVENTION LAXATIVE/ANTIDIARRHEAL COMPOSITION COMPRISING POLYETHYLENE GLYCOL AND FIBER BULKING AGENT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 A-4922					660.00	11/17/97

11/10/1997 R.JOHNSON 08000194 08502773
01 FC:242 Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Hoffman, Wasson & Gitler

2 _____

3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (Information and Data to be printed on the Patent)

(1) NAME OF ASSIGNEE: 0033, Washington, D.C. 20233 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS

(2) ADDRESS: (CITY & STATE OR COUNTRY)

6a. The following fees are enclosed:

□ Issue Fee □ Advance Order - # of Copies _____

□ Any Deficiencies in Enclosed Fees

6b. The following fees are being deposited:

□ DEPOSIT ACCOUNT NUMBER 08-2455

(ENCLOSE PART C)

□ Issue Fee □ Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

10-14-97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE